

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/15/95 8:30

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND.

DEP.

IND.

DEP.

IND.

DEP.

IND.

DEP.

IND.

DEP.

IND.

DEP.

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TOTAL IND.

6

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TOTAL DEP.

3

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TOTAL CLAIMS

19

PTO-875 (REV. 11-80)

IND.

DEP.

IND.

DEP.

IND.

DEP.

IND.

DEP.

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100

TOTAL IND.

↓

TOTAL DEP.

←

TOTAL CLAIMS

↓